



**Southeast Volusia Humane Society**  
 1200 South Glencoe Road • New Smyrna Beach, FL 32168  
 Phone: 386-428-9860 • Fax: 386-423-1376  
 Website: www.sevhs.com • Email: info@sevhs.com



**FOSTER CARE APPLICATION**

Date: \_\_\_\_\_

- Orphaned Kitten(s)       Orphaned Puppy(ies)       Pregnant Cat       Pregnant Dog  
 Adult Cat       Adult Dog       Military Cat(s)       Military Dog(s)

FOSTER PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER'S COMPANY NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

1. Are you a part of an animal organization?  Y  N If yes, which one? \_\_\_\_\_

2. Why would you like to foster? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Do you live in a:  House  Apartment  Condo  Mobile Home  Other: \_\_\_\_\_

4. Do you:  Own  Rent/Lease  Other: \_\_\_\_\_  
 If you rent: Name of complex and/or association: \_\_\_\_\_  
 Landlord's name & phone: \_\_\_\_\_

PET POLICY: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

How many adults reside at this address? \_\_\_\_\_

5. Do you have children?  Y  N If yes, how many and what are their ages? \_\_\_\_\_  
 \_\_\_\_\_

6. Will there be anyone at home during the day?  Y  N If yes, who? \_\_\_\_\_

7. Do you have any pets in your home now?  Y  N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  M  F

Licensed:  Y  N Spayed/Neutered:  Y  N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  M  F

Licensed:  Y  N Spayed/Neutered:  Y  N

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:  M  F

Licensed:  Y  N Spayed/Neutered:  Y  N

Approximate date(s) and reason(s) of last vet visits: \_\_\_\_\_



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8. Have you had any other pets in the past five years?  Y  N
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Year: \_\_\_\_\_ Disposition: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Year: \_\_\_\_\_ Disposition: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Year: \_\_\_\_\_ Disposition: \_\_\_\_\_

9. What animal hospital/clinic do you or did you use? \_\_\_\_\_

10. Where will the foster animal(s) be when no one is home?  
 Inside  Outside  Crate  Garage  Enclosed Porch

11. Where will the foster animal(s) sleep?  Inside  Outside Specify: \_\_\_\_\_

12. Have you ever voluntarily released an animal to a shelter?  Yes  No  
 If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_  
 Why: \_\_\_\_\_

I, \_\_\_\_\_, agree that all of the information which I have given above is correct as written and I authorize the Southeast Volusia Humane Society of Volusia County to verify any information.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

